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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:	First Semester February 1 to County Superintendent ES: February 15 to State Superintendent							-	Second Semest to County Superito State Superint	intenden	t
COMPLI	ETE TH	IS CLAIM FO	R STATE	REIMB	URSEMEN	T FOR S	SCHO	OL BUS TRA	NSPORTATION	N:	
This clain	n is for the	period beginning	smont	th	day	20 aı	nd endin	ıgı		_, 20 day	
CERTIF	ICATIO	N:									
The information on this form is complete and accurate to the best of my knowledge.											
Date Signature, Chair, Board of Trustees											
County:			District:				District Level:				
22 Jeffei	Jefferson 04			0452 Clancy Elem					Eleme	entary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capaci	ty	Inspection	Days Operated	s	Bus Driver's ocial Security #
100	1	1		48	1.80	89		08/26/04			
100	1	2		23	1.80	84		08/20/04			
100	1	3		50	1.57	71		08/20/04			
100	1	4		38	1.57	78		08/26/04			

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 22 Jefferson 0453 Whitehall Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 65 4-47 1 92.5 1.80 84 07/13/04 2 65 4-47 55 1.36 65 07/13/04 4-47 3 62.8 72 07/13/04 65 1.57 4 65 4-47 55.5 1.57 77 07/13/04 5 65 4-47 88.6 1.80 84 07/13/04 65 4-47 6 48 1.15 59 07/13/04

PI	

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE	
DATES	

First Semester February 1 to County Superintendent S: February 15 to State Superintendent							May 24 t	o County Superinto	ntenden endent	t
ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR S	CHOO	L BUS TRA	NSPORTATION	l :	
n is for the	period beginning	l		,	20 and	d ending	5		, 20	
		1	nonth	day			n	nonth d	lay	
[CATIO]	N:									
mation on	this form is comp	lete and	accurate to the	e best of my kno	owledge.					
		Signatur	re, Chair, Board	d of Trustees						
		District:						District L	evel:	
rson	0454 Whitehall H S High School									
District #	Route #		Miles Per Day	Rate Per Mile	Capacity	y	Inspection	Days Operated		Bus Driver's ocial Security #
2	1		92.5	1.80	84		07/13/04			
2	2		55	1.36	65		07/13/04			
2	3		62.8	1.57	72		07/13/04			
2	4		55.5	1.57	77		07/13/04			
2	5		88.6	1.80	84		07/13/04			
2	6		48	1.15	59		07/13/04			
	ETE THE In is for the ICATIO Imation on District # 2 2 2 2 2 2	February 1 February 15 February 15 FETE THIS CLAIM FO In is for the period beginning ICATION: mation on this form is comp Property of the period beginning ICATION: The period beginning	February 1 to Coure February 15 to State ETE THIS CLAIM FOR STAte is for the period beginning CCATION: mation on this form is complete and District: reson District: # 2 1	February 1 to County Supering February 15 to State Superint ETE THIS CLAIM FOR STATE REIME In is for the period beginning month ICATION: The pe	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMEN In is for the period beginning, month day ICATION: mation on this form is complete and accurate to the best of my known is ginature, Chair, Board of Trustees District:	February 1 to County Superintendent February 15 to State Superintendent	February 1 to County Superintendent February 15 to State Superintendent	February 1 to County Superintendent May 10 to May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSIS May 24 to month May 24 to mont	February 1 to County Superintendent May 10 to County Superintendent May 24 to State Superintendent	February 1 to County Superintendent February 15 to State Superintendent May 24 to State Superintendent May 24 to State Superintendent

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:		February 1 February 15	to State	y Superint	endent	ΤΕΛΡ	Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning										
This claim	ii is for the	period beginning		onth	day	20 a	na chaing _			lay
CERTIFI	ICATIO	N:								
The information on this form is complete and accurate to the best of my knowledge.										
Date	Signature, Chair, Board of Trustees									
County:	nty: District: District Level:						evel:			
22 Jefferson 0456 Boulder Elem Elementary						ntary				
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capaci	ity	Inspection	Days Operated	Bus Driver's Social Security #
55	7	1		96	0.95	42	(07/14/04		
41	7	2-Basin		44	1.57	71		None		
57	7	3-Valley		75	1.15	59	(08/26/04		
			•							

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:		February 1 February 15	to Cou to Sta	te Superint	endent	T EOD SCH	Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning											
This clain	n is for the	period beginning		month	day	20 and en	iding	month		_, 20 day	
CERTIFI	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date		Signature, Chair, Board of Trustees									
County:	ounty: District: District Level:						Level:				
22 Jeffer	Jefferson 0457 Jefferson H S High School					School					
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays rated	Bus Driver's Social Security #	
45	1	1		96	0.95	42	07/14/04				
59	1	2-Basin		44	1.57	71	None				
43	1	3-Valley		75	1.15	59	08/26/04				
100	1	4		81.2	1.57	72	08/30/04				
100	1	5-MT Cit	y	108.4	1.80	84	08/20/04				
100	1	6-Frontag	e	88.6	1.57	72	08/26/04				
100	1	7-Blue Sk	V	98.3	1.80	84	08/20/04				

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE	
DATES:	

First Semester DUE February 1 to County Superintendent Pebruary 15 to State Superintendent February 15 to State Superintendent May 10 to County Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning												
This claim is for the period beginning	DATES:		February 1 February 15	to Cou 5 to Sta	nty Superin te Superint	endent		May 10 to County Superintendent				t
month day month day CERTIFICATION: The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: District Level: Elementary District Level: Distric	COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:											
CERTIFICATION: The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 22 Jefferson 0458 Cardwell Elem Elementary	This claim is for the period beginning . 20 and ending . 20 .											
The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 22 Jefferson 0458 Cardwell Elem Elementary	. • • • • • • • • • • • • • • • • • • •											
Date Signature, Chair, Board of Trustees County: District: District Level: 22 Jefferson 0458 Cardwell Elem Elementary	CERTIFI	CATION	V:									
County: District: District Level: 22 Jefferson 0458 Cardwell Elem Elementary	The inform	nation on t	this form is comp	lete and a	accurate to the	e best of my kn	owledge.					
22 Jefferson 0458 Cardwell Elem Elementary	Date Signature, Chair, Board of Trustees											
	County: District: District Level:											
	22 Jefferson 0458 Cardwell Elem Elementary											
Percentage # Route Miles Rate Days Bus Driver's Per Day Per Mile Capacity Inspection Operated Social Security #	Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capa	city	Inspection	Days Operated		Bus Driver's ocial Security #
100 16-31 1A 116 0.95 47 07/13/04	100	16-31	1A		116	0.95	47	7	07/13/04			
100 16-31 2 62.4 1.15 54 07/13/04	100	16-31	2		62.4	1.15	54	1	07/13/04			
				•								